Docket No.: 123760

DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: METHOD AND ARRANGEMENT IN MAKING OF MECHANICAL PULP

described and claimed in international application number PCT/F12003/000883 filed November 19, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Finnish Patent Application No. 20022068 Filed November 20, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

As a named inventor, I hereby appoint the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute this application and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944. TELEPHONE: (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor Inventor's Signature:		G	Pasi iven Name	Middle Initial	NURMINEN 1-00
2					(3.6	U2
3	Date of Signature:			6	2.7	2005
				Month	Day	Year
	Residence:		Raisio		•	Finland +1X
	Nestachee.		City		State or Province	Country
	Citizenship:	Finland				
	Post Office Address: (Insert complete mailing address, including country)			Hurstipolku 3 A 1, Raisio, Finland, FIN-21200		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

1	Typewritten Full Name			200
•	of Joint Inventor	Time		SUTELA
•		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	22.6.2005		
3	Date of Signature:	Month	Day	Year /
	Residence:	Naantali		Finland FLY
		City	State or Province	Country
	Citizenship: Finland			
	Post Office Ad (Insert comple address, include	te mailing	Naantali, Finland, FIN-21100	
1	Typewritten Full Name			KOSKINEN
	of Joint Inventor	Kimmo Given Name /	Middle Initial	Family Name
2	Inventor's Signature:	Given ivalie	nt Windard Millian	
	_	22.6.200	5	
3	Date of Signature: Residence:	Month Raisio	Day	Year Finland DX
	Residence.	City	State or Province	Country
	Citizenship: Finland	d	A 0 4 4	
	Post Office Ad (Insert comple address, include	te mailing	Raisio, Finland, FIN-21280	
1	Typewritten Full Name of Joint Inventor			
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	Month	Day	Year
	Residence:			
	Citizenship:	City	State or Province	Country
	Post Office Ad	ldress:		
	(Insert comple address, inclu-	ete mailing		
1	Typewritten Full Name of Joint Inventor			
	•	Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	Month	Day	Year
	Residence:		State or Province	Country
	Citizenship:	City	State of Province	·
	Post Office Ad (Insert comple address, inclu	ete mailing		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.